



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES

286 Main Street  
Pawtucket, RI 02860

PERMIT # \_\_\_\_\_

APPLICATION FOR ORAL EXAMINATION

PLEASE PRINT THE FOLLOWING INFORMATION

NAME IN FULL:      LAST                      FIRST                      MIDDLE

ADDRESS:              STREET & NUMBER              CITY              STATE              ZIP CODE

DATE OF BIRTH      MONTH      DAY      YEAR                      TELEPHONE NUMBER

EDUCATION:

CIRCLE NUMBER CORRESPONDING TO HIGHEST

LEVEL OF EDUCATION:

ELEMENTARY - HIGH SCHOOL      8      9      10      11      12      OTHER \_\_\_\_\_

DO YOU HAVE A LEARNING DISABILITY?              SPECIAL EDUCATION?  
YES \_\_\_\_\_ NO \_\_\_\_\_              YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER FAILED A RHODE ISLAND WRITTEN EXAM FOR A LICENSE?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW MANY TIMES? \_\_\_\_\_

HAVE YOU EVER TAKEN A RHODE ISLAND ORAL EXAM FOR A LICENSE?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, HOW MANY TIMES? \_\_\_\_\_

HAVE YOU EVER HELD AN OPERATOR'S LICENSE IN ANY OTHER STATE?  
YES \_\_\_\_\_ NO \_\_\_\_\_ DID YOU TAKE AN ORAL EXAM? \_\_\_\_\_

IF YES, WHICH STATE?      EXPIRATION DATE      CURRENT STATUS (PICK ONE)  
\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      ACTIVE EXPIRED SUSPENDED

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MAIL TO:

FIRST LICENSE DIVISION  
DIVISION OF MOTOR VEHICLES  
286 MAIN STREET  
PAWTUCKET, RHODE ISLAND 02860

YOU WILL BE NOTIFIED BY MAIL!